

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 528840

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | | 1 | | | | |
| 14 | 0 | 0 | | | | |
| 15 | | 1 | | | | |
| 16 | 0 | 0 | | | | |
| 17 | | 1 | | | | |
| 18 | X | X | | | | |
| 19 | X | X | | | | |
| 20 | | 1 | | | | |
| 21 | 0 | 0 | | | | |
| 22 | | 1 | | | | |
| 23 | X | X | | | | |
| 24 | X | X | | | | |
| 25 | | 1 | | | | |
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| 27 | X | X | | | | |
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| TOTAL DEP. | 18 | ← | | ← | | ← |
| TOTAL CLAIMS | 19 | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL CLAIMS | | | | | | |